

Pandemic Plan



September 2009

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Section 1 – Pandemic Background and Introduction

H1N1 is commonly referred to as swine flu. Initially H1N1 cases were related to individuals returning from travel in Mexico. However, transmission of H1N1 is now a global issue. Many health agencies predict a resurgence of the virus in the winter of 2009/2010.

In many cases individuals who have died from H1N1 had pre-existing conditions which were aggravated by the attack of the virus. H1N1 affects only the lungs (single organ failure) whereas other flu's (e.g. Bird Flu) tend to affect multiple organs. This has a benefit and a detriment. The benefit of single organ failure is that medical attention and support can focus on patient breathing and the other factors do not have to be addressed. In most cases H1N1 comes and goes with a few days of flu-like symptoms, fever and cough. In some cases it is treated with antiviral medications. Recovery from severe cases almost always involves the use of a mechanical ventilator. The detriment is that there are only a limited number of ventilators available in the Capital Region. They are used in ICU's to support the recovery of individuals from a variety of respiratory issues. If H1N1 begins to increase in the fall and early winter of 2009, acute care systems will be stressed for lack of ventilators.

Another difficulty in controlling the spread of H1N1 is that the infection is asymptomatic for two days (no visible signs of infection but still infectious). In other words, someone infected by H1N1 is not aware of the infection and their ability to infect others for two days.

H1N1 is spread by droplets from an infected person's cough entering another person's mucous membrane portals. These portals (points of entry) include the mouth, nose and eyes. These droplets may be propelled up to two meters in a cough. The droplets are relatively large and are effectively stopped by a standard surgical/industrial mask.

In light of this information it is necessary to distribute and practice this Pandemic Plan.

Alberta Health Services divides their Pandemic Influenza Plan into three phases as defined below:

- **Pre-Pandemic Phase:** a new type of influenza virus has not been detected anywhere or a new strain has been found only in a small number of people, most likely outside of Canada.
- **Pandemic Phase:** the WHO declares that an influenza pandemic is underway and the new flu is detected in Canada. There will be localized outbreaks of the flu to start, followed by broader outbreaks that will occur in waves.
- **Post-Pandemic Phase:** the number of cases and deaths from the flu returns to normal levels and the pandemic is declared to be over.

Alberta Health Services' phases are used as a framework for this Pandemic Plan. The information in this Plan is based on the latest information from Health Canada and Alberta Health Services. The Plan may be revised based on information from Alberta Health Services, Health Canada or the World Health Organization.

For more background information refer to Appendix 4: H1N1 Update with Dr. James Talbot, Associate Medical Officer of Health, AHS in the Edmonton Area.

Section 2 – Understanding Influenza-Like-Illness (ILI)

Before discussing the three pandemic phases it is important to establish an understanding of “Influenza-Like-Illness” (ILI). For staff and service users the first indicator that they may be experiencing a flu outbreak will be when they observe certain symptoms. An individual is considered compromised when they display:

- Acute onset of respiratory illness
- Fever (>38°C), except with elderly people who may be ill without a fever
- Cough
- One or more of sore throat, joint pain, muscle pain or extreme exhaustion

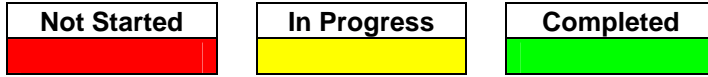
These symptoms should be taken seriously. Staff members who experience these symptoms should not come to work and should remain at home until symptoms have disappeared. Service users should be encouraged to self-report these symptoms so appropriate actions may be taken.

Section 3 – Signs and Symptoms of Flu – Comparison Chart

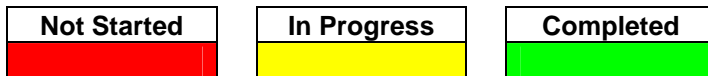
Symptoms/Description	Influenza including H1N1	Common Cold	Stomach Flu
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usually	Sometimes	Rare
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Involves whole body	Often	Never	Stomach/bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Really tired	Common	Rare	Sometimes
Concerns	Pneumonia; can be fatal	Sinus infection; ear infection	Dehydration

Section 4 – E4C Pandemic Plan Implementation

- September 30, 2009 – The E4C Pandemic Plan is distributed, presented and discussed at the Agency Leaders Meeting

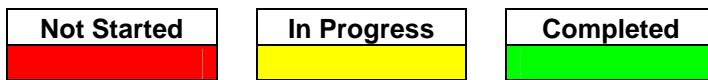


- October 7, 2009 – The final copy of the E4C Pandemic Plan is signed off by the CEO and COO

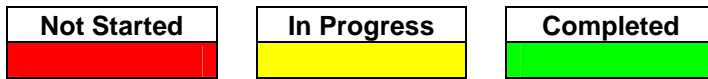


- Divisional Directors and Business Department Managers ensure that:**

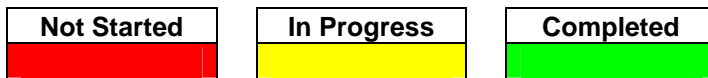
- They have read and thoroughly understand the E4C Pandemic Plan by **October 14, 2009**



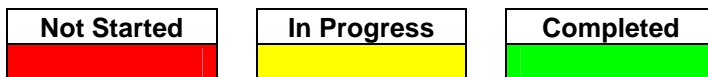
- Each Program Manager has an electronic and paper copy of the Plan



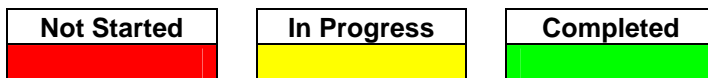
- Directors and Managers meet to discuss the implementation of the Plan, budget concerns, and site specific planning



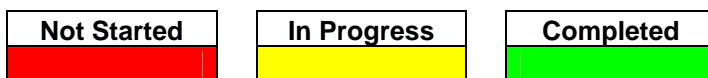
- Pre-pandemic planning is completed no later than **November 15, 2009**



- Managers are supported in decision making should a pandemic occur

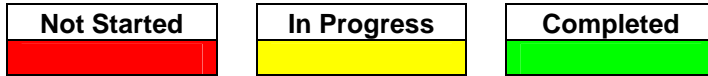


- Managers follow through with post-pandemic steps should they be required

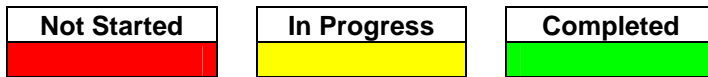


4. **Program Managers will ensure that:**

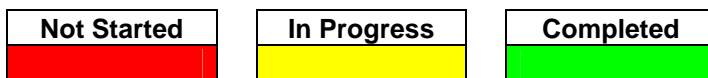
- They clearly understand that they are to act as the individual responsible for infection prevention and control



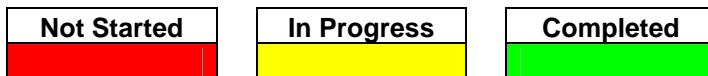
- They have read and thoroughly understand the E4C Pandemic Plan by **October 14, 2009**. Program Managers will ensure that a hard copy is available in the office of their particular program and that staff are provided with time to read and understand the plan. Where necessary, an electronic format of the plan can be distributed to staff members



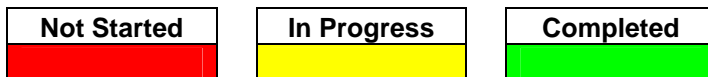
- They may ask for consultation with the Director, Transitional Services during any phase of the Plan



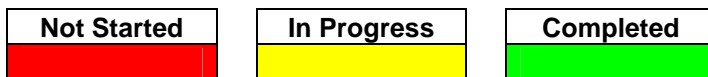
- They may request a one hour in-service providing Pandemic Plan overviews, best practices, etc. for their staff. This service will be provided by the Director, Transitional Services (dgrauwiler@e4calberta.org)



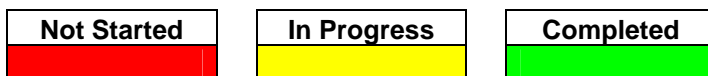
- The pre-pandemic planning is completed no later than **November 15, 2009**



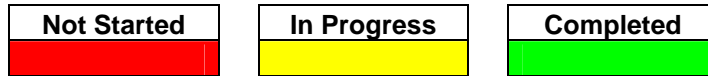
- They engage the support of their Director in decision making should a pandemic occur



- Suspected cases of H1N1 will be reported to the HR Manager via e-mail (mlcoelho@e4calberta.org) on a weekly basis. If necessary a reporting form will be provided



- They follow through with post-pandemic steps should they be required



Section 5 – The E4C Pandemic Plan

A pandemic may be very mild or very extreme. There is no way to predict such events until they occur. Program Managers need to think about how to maintain operations, yet minimize influenza transmission to their staff and service users. Decisions will have to be made around such issues as closing a service versus paying staff. Programs need to be prepared for changes in staffing levels; multiple ill service users; possible disruptions in supplies, utilities, and agency support systems (e.g. banking, other organizations); an overwhelmed health care system; changes at a societal level (e.g. cancellation of events where people gather, such as in churches); and potentially many deaths. Disruptions may last for up to 3 months or more.

In the event of a pandemic, E4C's course of action will be guided by information from Alberta Health Services (<http://www.health.alberta.ca/health-info/influenza-H1N1.html>) and communicated to program managers by the Occupational Health and Safety Committee or its designate.

Section 6 – Pre-Pandemic

General Policies

Prevention should be central to all programs during the pre-pandemic stage.

1. Where possible, E4C will maintain regular office/program hours. Program Managers will determine what suitable staffing levels are and will endeavour to retain a full staffing model supplemented by casual and/or on-call supports. In the case of offices not delivering direct client support, Managers will determine the number of staff necessary to carry out business functions. In some cases staff may have to be cross-trained to ensure business continuity. If an insufficient number of staff is available to work in the office, the office will be closed, or other appropriate measures will be used such as communication via cell phones, working from home or alternative sites.
2. Alberta Health Services has committed to providing two vaccinations in the fall of 2009. The first will be the standard flu shot, the second a vaccine specifically targeting H1N1. All staff and service users are encouraged to take advantage of this free service. Service providers and service users will need to be vigilant in seeking out clinics and sites where these vaccinations will be made available.
3. During the pre-pandemic stage, E4C's Human Resources Policies will continue to apply.
4. Handwashing and cough control should be a significant practice for all staff and service users.

Please refer to Appendix 1 for instructions regarding handwashing with soap and with alcohol based disinfectants. A list of resources and suggested scenarios where handwashing would be most appropriate is also included.

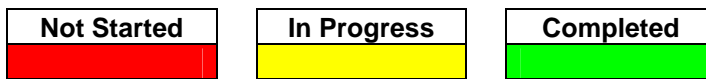
Action Items

The action items in this section address Residential Programs, Non-Residential Programs and Business Offices. These action items should be considered by each Program Manager to be a priority. Progress indicators are provided to ensure that each item has been addressed.

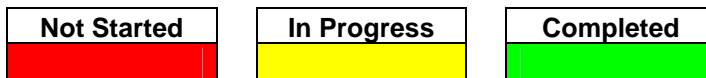
Action Items for Residential Programs

Education and Training

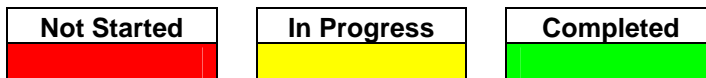
- The Program Manager should clearly understand that they shall act as the individual responsible for infection prevention and control and occupational health program at their site



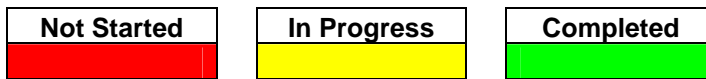
- Division Directors shall assist Program Managers in the implementation of the Pandemic Plan



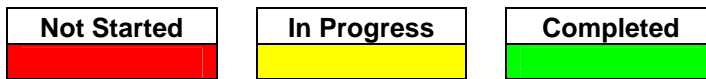
- All staff and service users are encouraged to access both vaccinations provided for free by Alberta Health Services



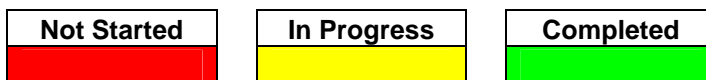
- Pandemic awareness training sessions for staff should be scheduled and provided



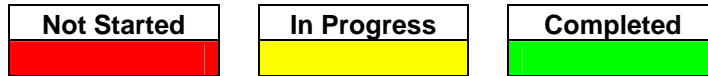
- Practice with and inform staff and service users regarding proper handwashing technique



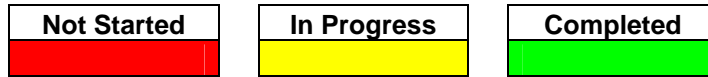
- Practice with and inform staff and service users regarding coughing into their sleeve not their hand



- Display handwashing instruction posters at handwash stations

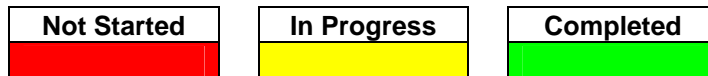


- Staff should be trained and given information regarding the grieving process (For information on grief and the workplace refer to Appendix 5: Grieving in the Workplace: Coping with Loss)

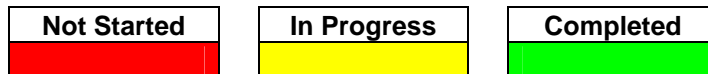


Supplies/Preparation

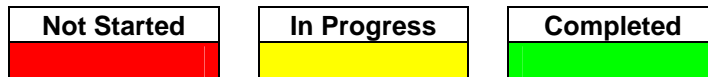
- Program Managers should acquaint themselves with the E4C Pandemic Plan and prepare their facilities and staff for a potential outbreak



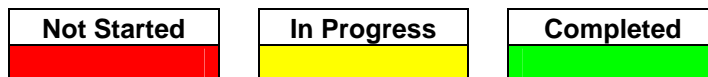
- Where possible, an isolation room and meal delivery should be identified and plans put in place



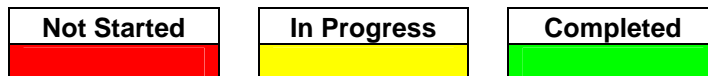
- Acquire and maintain a suitable inventory of soap and alcohol based hand rub



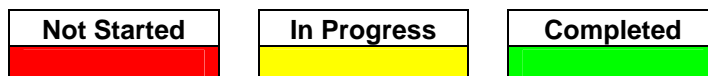
- Acquire and maintain a supply of disposable face masks and safety glasses



- Acquire and maintain a suitable inventory of disinfectant cleaning supplies

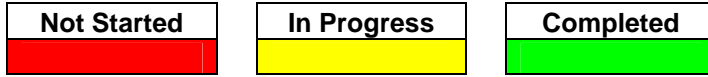


- Ensure you have a 3-6 week stock of non-perishable supplies and all necessary medications

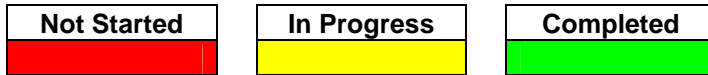


Program Continuity

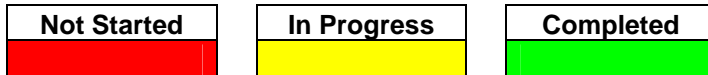
- All Program Managers are encouraged to ensure that their staffing models are complete and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic



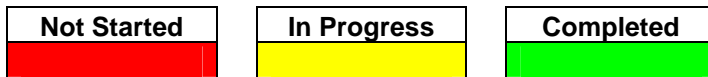
- Program Managers should recognize that staff members may have to remain at home with sick family members. Program Managers will have a plan for continuing services with an absenteeism of 20-30%



- In some cases staff may have to be cross-trained to ensure business continuity



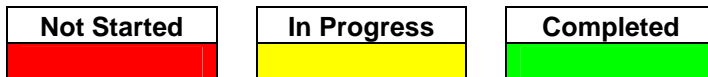
- Where the position does not exist, Program Managers will assign a “second in charge” to provide direction in the event of the Program Manager being sick



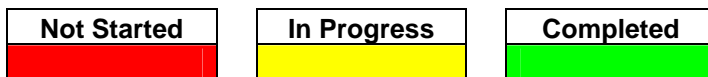
Action Items for Non-Residential Programs

Education and Training

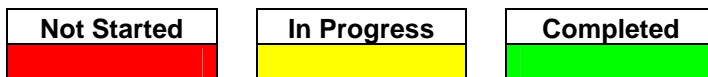
- The Program Manager shall act as the individual responsible for infection prevention and control and occupational health program at their site



- Programs located in facilities other than E4C facilities should discuss this Pandemic Plan with their landlord/facility manager



- Programs under other jurisdictions should acquaint themselves with pandemic plans that are in place



- All staff and service users are encouraged to access both vaccinations provided for free by Alberta Health Services

Not Started	In Progress	Completed

- Pandemic awareness training sessions for staff should be scheduled and provided

Not Started	In Progress	Completed

- Practice with or inform staff and service users regarding proper handwashing technique

Not Started	In Progress	Completed

- Practice with or inform staff and service users regarding coughing into their sleeve not their hand

Not Started	In Progress	Completed

- Display handwashing instruction posters at handwash stations

Not Started	In Progress	Completed

- Staff should be trained and given information regarding the grieving process

Not Started	In Progress	Completed

Supplies

- Acquire and maintain a suitable inventory of soap and alcohol based hand rub

Not Started	In Progress	Completed

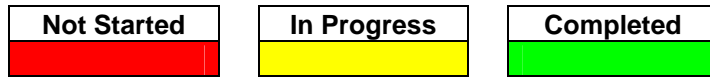
- Acquire and maintain a supply of disposable face masks and safety glasses

Not Started	In Progress	Completed

- Acquire and maintain a suitable inventory of disinfectant cleaning supplies

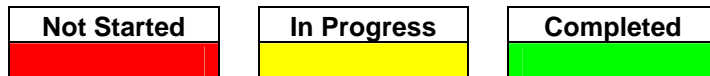
Not Started	In Progress	Completed

- Ensure you have a six week to three month stock of non-perishable supplies and all necessary medications

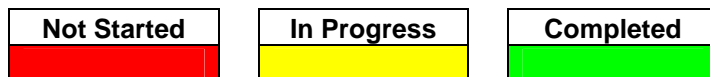


Program Continuity

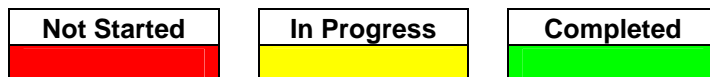
- All Program Managers are encouraged to ensure that their staffing models are complete and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic



- In some cases staff may have to be cross-trained to ensure business continuity

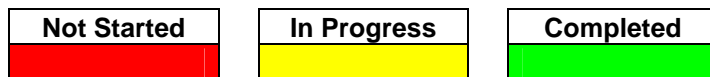


- Where the position does not exist, Program Managers will assign a “second in charge” to provide direction in the event of the Program Manager being sick

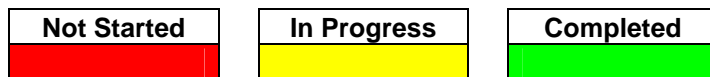


Action Items for Business Offices

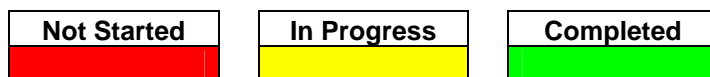
- The Program Manager shall act as the individual responsible for infection prevention and control and occupational health program at their site



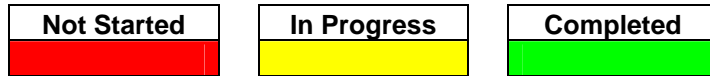
- Central services (accounting, payroll, personnel and maintenance) will be completed on a priority basis. Central services may be relocated or performed from home during the pandemic phase. In particular payroll and accounting services need to be prepared to ensure timely completion of the business cycle. This may require cross-training and the development of a business continuity plan anticipating 30% staff absenteeism



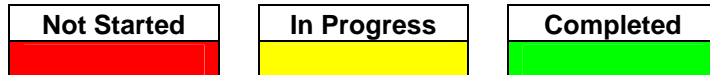
- Acquire and maintain a suitable inventory of soap and alcohol based hand rub



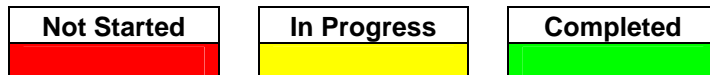
- Practice with or inform staff and service users regarding proper handwashing technique



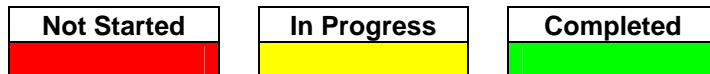
- Practice with or inform staff and service users regarding coughing into their sleeve not their hand



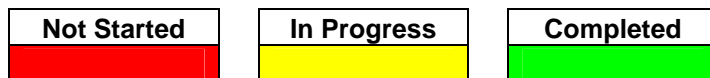
- Display handwashing instruction posters at handwash stations



- Acquire and maintain a suitable inventory of disinfectant cleaning supplies



- All staff and service users are encouraged to access both vaccinations provided for free by Alberta Health Services



Section 7 – Pandemic

General Policies

- Where possible, E4C will maintain regular office/program hours. Program Managers will determine what suitable staffing levels are and will endeavour to retain a full staffing model supplemented by casual and on-call supports. In the case of offices not delivering direct client support, Managers will determine the number of staff necessary to carry out business functions. If an insufficient number of staff are available to work in the office, the office will be closed and other appropriate measures will be used, such as communication via cell phones, working from home or alternative sites.
- As long as offices, programs and facilities are open, they will continue with their primary purpose whether staff absenteeism is at the 5% or 10% level. Additional manpower resources will be provided through our existing casual and on-call services.

Programs and services should refer to their plan as to how they will function if staff absenteeism reaches 20%.

Should there be 30% staff absenteeism some programs, offices and services may not be able to operate. All Program Managers are encouraged to ensure that their staffing models are complete and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic.

Central services (accounting, payroll, personnel and maintenance) will be completed on a priority basis. Central services may be relocated or performed from home during the pandemic phase. In particular payroll and accounting services need to be prepared to ensure timely completion of the business cycle. This may require cross-training and the development of a business continuity plan anticipating 30% staff absenteeism.

- 3. During the pandemic stage, E4C's Human Resources Policies will continue to apply.

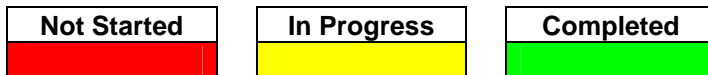
Action Items

During the Pandemic Phase all staff and service users should maintain regular handwashing and cough control practices.

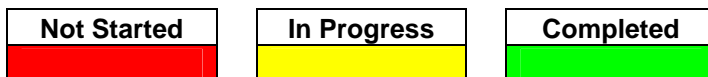
Please refer to Appendix 1 for instructions regarding handwashing with soap and with alcohol based disinfectants. A list of suggested scenarios where handwashing would be most appropriate is also included.

Please refer to Appendix 2: Prevention of Transmission and the Use of Masks.

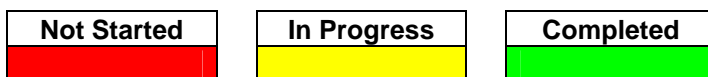
- Staff and service users that may not have been immunized should be encouraged to do so. Alberta Health Services has committed to providing two vaccinations in the fall of 2009. The first will be the standard flu shot, the second a vaccine specifically targeting H1N1. All staff and service users are encouraged to take advantage of this free service. Service providers and service users will need to be vigilant in seeking out clinics and sites where these vaccinations will be made available



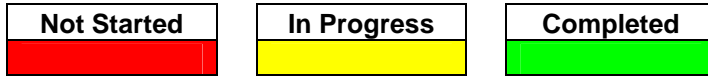
- Discouraging gatherings of large groups of people will help to decrease the spread of the flu. Staff and service users may need to consider curtailing some programming and activities to reduce the risk of infection



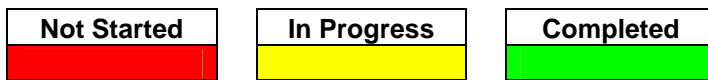
- Staff should be instructed to stay away (at least three to six feet) from those who display Influenza-Like-Illness (ILI). As difficult as this may be, it is important to decrease the further spread of this virus. Staff members working directly with sick clients should wear a regular mask



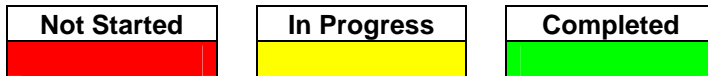
- In order to monitor the effects of the pandemic on E4C programs, Program Managers will report suspected cases of H1N1 amongst service users as well as flu related staff absenteeism to the HR Manager via e-mail (mlcoelho@e4calberta.org) on a weekly basis. If necessary a reporting form will be provided



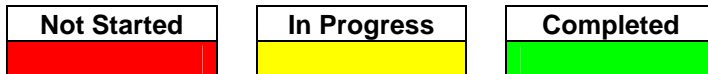
- Provide masks and isolate all individuals who develop ILI in residential settings. If a mask is provided for a sick individual they will not spread the virus while wearing it. Staff members experiencing ILI will be asked to go home and not return until symptoms no longer exist. Service users and service providers will be encouraged to self-report ILI. Residents may be required to move to spaces specifically designated for support and recovery from the flu



- Anyone with ILI or in contact with an individual with ILI in the last three days should not report to work. H1N1 has a two day symptom free presence in the human body. If ILI does not develop staff members may return to work



- Use disinfectants on all contact surfaces (floors, handrails, walls, counters, computer keyboards, doorknobs, locker doors, window latches, ledges, desks, sinks, toilets, urinals, etc.)



Care of the Sick

- Designate specific rooms/spaces for sick individuals. In the case of residential programs, the rooms of people experiencing ILI should be clearly marked and only designated staff should provide care. In the case of rooms being shared, the roommate not experiencing ILI should be moved to a private room if possible and have limited contact with others for a three day period. Meals should be delivered to individuals in their rooms if they are experiencing ILI or are waiting the three days
- Staff members who are supporting individuals with ILI may wear masks and safety glasses
- Ensure the sick individual receives fluids (juice, water, etc.)
- Keep them dry and warm
- Monitor their temperature – if above 38°C, give Tylenol™ or Ibuprofen, as per directions on the bottle

- If the liver is damaged due to Hepatitis, use caution with taking any over the counter medication. In this case a physician should be consulted if possible

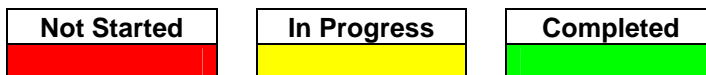
Section 8 – Post-Pandemic

General Policies

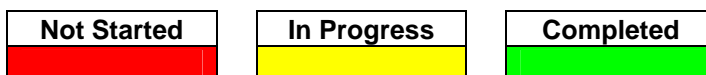
1. Revert to general policies of the pre-pandemic phase.
2. In some cases staff and service users may experience significant loss through the death of family, friends or loved ones. Staff should be trained and given information regarding the grieving process as they may be called upon to:
 - Support service users in making funeral arrangements
 - Discuss and support questions and concerns around the loss of a loved one
 - Organize a community memorial; agency-specific may be necessary
3. During the post-pandemic phase, E4C’s Human Resources Policies shall apply.
4. Staff will support service users as they re-establish communication. This may include re-establishing contacts with loved ones, friends, employer, bank, physician and/or other agencies (social worker, outreach worker, lawyer, probation officer, etc.).
5. Staff and service users will ensure that immunizations are kept up to date and future vaccinations (flu, etc.) are accessed.
6. Staff and service users will continue to practice and demonstrate handwashing and other prevention strategies as well as maintaining ongoing personal health practices.

Action Items

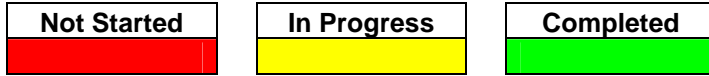
- Assess mental health and health conditions resulting from the pandemic:
 - a. After care
 - b. Post traumatic stress disorder
 - c. Fatigue
 - d. Grief
 - e. Anxiety



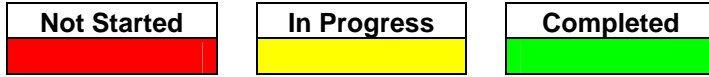
- Managers and staff should keep current with ongoing effects of the pandemic experience and anticipate future pandemics



- Restock supplies



- An evaluation of the effectiveness of the Plan as well as “lessons learned” should be conducted by each program for future consideration and amendments to the Pandemic Plan



Handwashing (with Soap)

- Remove jewellery before handwash procedure.
- Rinse hands under warm running water.
- Apply soap.
- Lather using friction for 15 seconds.
- Ensure all surfaces of the hands, fingers and wrists are covered with lather.
- Rinse under running water.
- Dry hands on a clean disposable towel.
- Use a dry paper towel to turn off hand controlled faucets.

Decontaminating Hands (with a Waterless Antiseptic Agent With $\geq 60\%$ Alcohol)

- When there is visible soiling hands should be washed with soap and water before using alcohol based hand rub/gel. If soap and water are unavailable, cleanse hands first with detergent-containing towelettes, followed by alcohol based hand rub/gel.
- Apply product to palm of one hand.
- Rub hands together, covering all surfaces of hands, fingers and wrists.
- Ensure enough product is used to cover all required surfaces.
- Rub into hands until dry (approximately 15 to 25 seconds).

Hands Must Be Washed or Antiseptic Hand Rinse Used

- After any direct contact with a patient or their immediate environment and before contact with the next patient.
- After contact with items known or considered likely to be contaminated with blood, body fluids, secretions or excretions (e.g. bedpans, urinals, wound dressings, suction apparatus, etc.).
- Immediately after removing gloves.
- Between certain procedures on the same patient where soiling of hands is likely, to avoid cross-contamination of body sites.
- Before preparing, handling, serving or eating food and before feeding a patient.
- Hands should be washed with soap and water when visibly soiled and/or after personal use of bathroom, wiping nose, coughing or sneezing.
- In determining when to wash your hands it is best to use your judgement and common sense. Some basic expectations would include:
 - Wash hands before:
 - Direct hand contact with the service user's skin
 - Before preparing, handling, serving or eating food
 - Health care procedures
 - Wash hands after:
 - Direct hand contact with the service user's skin
 - Complete physical examination
 - Exposure to body fluids
 - Changing a diaper
 - Use of equipment/items potentially contaminated with blood and/or body fluids
 - After removing gloves
 - After personal use of toilet or wiping nose
 - When visibly dirty

A variety of handwashing station signs and cough control signs are available at:

<http://www.capitalhealth.ca/AboutUs/ResourceLibrary/Other/CoverYourCough/default.htm>

These include:

[Cover Your Cough - Postcard \(for use in emergency departments\)](#)

[Cover Your Cough - Poster \(for general use\)](#)

[Cover Your Cough - Poster \(for use in emergency departments\)](#)

[Handwashing - Adult Poster](#)

[Handwashing - Children's Poster](#)

Prevention of Transmission

- Wash hands for 20 seconds before contact with your own mucous membrane (mouth, nose and eyes). Hand sanitizer also requires 20 seconds of rubbing. Children must be supervised when using hand sanitizer.
- If you are caring for a person with respiratory illness, protect your face with a mask, face shield or goggles; protect your clothing with a gown. A regular mask would suffice in a community setting.
- If you put a mask on a sick person, they will not spread the virus through their coughing.
- Anyone who is sick should go home. If the person cannot go home right away, put a mask on them. Incubation period is 2-3 days.
- The virus is not a strong virus. Regular cleaning of hard surfaces with a regular cleaning solution will suffice in areas where there is a lot of hand contact (doorknobs, railings, etc.).
- Encourage respiratory etiquette. Cover your mouth with a Kleenex or your sleeve when coughing. Wash your hands afterwards.
- Do not send a pregnant worker into a home with persons who have the flu.

Use of Masks

There is no evidence that the use of masks in general public settings will be protective once the virus is circulating in the community. An individual may wish to use a mask if ill with influenza or caring for someone who has the virus. The H1N1 virus finds its way into the body through mucous membranes (eyes, nose and mouth). Because H1N1 is transmitted through water droplets propelled by coughing, it has been suggested that safety glasses may be as important as masks in protecting individuals from the transmission of the virus.

- Cover both the nose and mouth with the mask.
- Do not touch the mask while it is being worn.
- Remove and discard the mask if wet (they become ineffective when wet).
- Avoid touching the mask while it is being worn.
- Use the mask only once and then discard into a waste container.
- Do not allow the mask to dangle around the neck.

General Guidelines: Public Health Management of Influenza in Community Settings (daycares, schools, student residences, shelters, correctional facilities)

- One person in the setting must be designated as the individual responsible for infection prevention and control and occupational health program.
- Management should develop an inter-pandemic influenza plan and review it annually. In addition, a pandemic plan should be developed and reviewed every three years.
- Education on self-care should be provided to workers, clients and their families.
- Individuals within the setting should adhere to routine infection prevention and control practices. Strict adherence to handwashing/hand antisepsis recommendations is the cornerstone of infection prevention and may be the only preventative measure available during early phases of the pandemic. Hygienic measures to minimize influenza should be stressed because influenza immunization and/or prophylaxis may not be available until later in the pandemic.
- Operators/management should ensure adequate supplies of hand hygiene products are a priority.
- Consideration may be given to closing settings depending upon the epidemiology of the pandemic strain, e.g. severity of infection, high infection rates and severe complications.

Daycares

Infectious diseases occur with increased frequency in childcare settings. The incidence is affected by the age and immunity of children, the number of children and group size, the degree of close contact between children and attendants, and the hygienic habits of children and attendants. Infections acquired in the childcare setting may spread to attendants, family members and the community.

Influenza in childcare settings can be significant because viral shedding in the nasal secretions usually continues for about seven days from the onset of illness and can be more prolonged in young children. Infection rates of influenza in healthy children have been estimated at 10-40% each year, with approximately 1% resulting in hospitalization.

- Do not send children with signs of ILI to child care and notify the daycare of the reason for their absence (unless the pandemic has gone through the centre).
- Do not send children to daycare who have been exposed, in the past three days, to an individual with ILI (unless the pandemic has gone through the centre).
- Staff needs to inform Public Health of staff absence(s) due to ILI. Ideally, staff with ILI should not return to work until they are symptom free.

Schools / Student Residences

Risk of influenza transmission in schools can increase with crowded classrooms, poor ventilation and limited emphasis on hygienic practices. Dormitory living increases this risk due to expanding those considered to be household contacts.

- Follow the same guidelines for ill students and staff as per daycare.

Shelters

The risk of influenza transmission in a shelter setting during a pandemic will be high because of the crowded physical conditions, inadequate health and hygiene of clients, and lack of priority for immunization or chemoprophylaxis in this population.

- Follow the general guidelines for public health management of influenza in community settings and contact Public Health for assistance as necessary.
- Shelters that are in the process of being planned should pay special attention to the number and placement of handwashing sinks and methods to reduce crowding.

H1N1 was not stopped by the 2008 flu vaccine and occurred after what was the normal flu season.

It showed rapid progression and was particularly dangerous to individuals with lung related pre-existing conditions.

Antiviral medication has been effective in curtailing the spread of the disease.

Initially H1N1 cases were related to individuals returning from travel in Mexico. One exception was a northern community where an outbreak was successfully minimized by the use of antiviral medications.

Where rapid treatment of H1N1 was not used (i.e. Manitoba), ICU beds and respirators were used up in medical facilities. More serious cases of H1N1 were almost always linked to pre-existing conditions.

H1N1 affects only the lungs (single organ failure) whereas other flu's (i.e. Bird Flu) tend to affect multiple organs. This has a benefit and a detriment. The benefit of single organ failure is that medical attention and support can focus on patient breathing and the other factors do not have to be addressed. However, this almost always involves the use of a mechanical respirator. The detriment is that there are only a limited number of respirators available in the Capital Region. They are used in ICU's to support the recovery of individuals from a variety of respiratory issues. If H1N1 begins to increase in the fall and early winter, acute care (ICU/Emergency) systems will be stressed for lack of respirators.

Another difficulty in controlling the spread of H1N1 is that the infection is asymptomatic for two days (no visible signs of infection but still infectious). In other words, someone infected by H1N1 is not aware of the infection and their ability to infect others for two days. This has been a major factor in H1N1 showing up in over 40 schools in Alberta.

H1N1 is spread by droplets from an infected person's cough entering another person's mucous membrane portals. These portals (points of entry) include the mouth, the nose and the eyes. These droplets may be propelled up to two meters in a cough. The droplets are relatively large and are effectively stopped by a standard surgical mask. Dr. Talbot discussed the use of standard surgical masks or the more fitted N95's. He mentioned that there had been considerable debate on the merits of both types of masks. Ultimately it was decided that standard surgical masks provided a sufficient barrier to the droplets which carry the virus. N95's are for the most part to prevent the spread of aerosol viruses (suspended in the air viruses). H1N1 is not an aerosol virus. The use of N95's may be somewhat more effective, but Dr. Talbot felt it was an almost negligible advantage. Dr. Talbot felt what was more important was the use of eye protection, goggles and a surgical mask for those who are treating individuals with flu-like symptoms. Because H1N1 is spread through droplets, other activities such as gloving and gowning as well as handwashing and drying are also effective measures in reducing infection of caregivers.

Dr. Talbot indicated that H1N1 infections in schools were difficult to contain. As kids brought infections home, there was a subsequent rise of infections in secondary care facilities (i.e. daycares, nursing homes, clinics and ICU's). Dr. Talbot was hopeful that with the summer break H1N1 would lose some of its momentum. The doctor also noted that currently H1N1 is more active in the southern hemisphere where it is the normal flu season.

Dr. Talbot is aware of vulnerable populations and was clear that a site in the inner city would be chosen for the clinics. A discussion ensued around the shots being made available to frontline workers. Dr. Talbot was going to look into the possibility of treating frontline workers the same as “continuing care” workers and providing shots to them as well as ensuring a supply of antiviral medications is available to frontline workers. More details about this will follow.

Dr. Talbot spoke about improvements being needed in a few key areas:

- A greater need to address vulnerable populations. A disproportionate number of infections occurred within the aboriginal population. Within the inner city programs there is a high ratio of aboriginal individuals accessing services. This almost certainly indicates that H1N1 will show up in the sphere of services within the inner city.
- Because there had been a number of significant projects around pandemic planning in the past, Dr. Talbot encouraged agencies to find and revamp their existing plans. Dr. Talbot encouraged agencies to revisit, relocate and familiarize themselves with their pandemic plans.
- Address overcrowding. Crowded conditions, lack of handwashing and shared eating and sleeping facilities could all contribute to the spread of H1N1.
- The provincial capacity to deal with a pandemic may have been reduced by cutbacks and “efficiencies.” Cutbacks may not have considered the possibility of surges in service needs. Again the fact that H1N1 is specific to the lungs creates a demand on respiratory care equipment and specialized nursing staff.

Dr. Talbot also indicated that those who have had the infection and survived develop some immunity for an undetermined period of time.

A discussion about the isolation of infected or symptomatic persons occurred. Dr. Talbot suggested that a pandemic plan may identify some facilities as healthy facilities and some as caring for the infected. This brings up questions about supporting staff with the flu shot regimen and antiviral medications, masks and goggles. The need to isolate infected individuals was discussed from a staffing standpoint (staff staying home) and a client standpoint (being removed from the general population). Rather than group meals, Dr. Talbot mentioned it may be necessary for food to be served to individuals as wrapped plates delivered to their rooms. In the case of ongoing pandemic, mass assessment, mass treatment and mass vaccination sites may have to be developed.

Program participants, residents, clients and staff should be encouraged to self-report symptoms. Individuals are considered no longer infectious 48 hours after the last symptoms. A fever is a good indicator, however, Dr. Talbot mentioned that in one third of the cases a fever was not present/reported.

A number of inner city agencies represented at the meeting were going to move forward with some resource inventories, collaborative approaches and pandemic planning. A follow up meeting will be held.

Grief is the process of dealing with loss and it is a normal part of life.

Many kinds of loss can affect your performance at work or that of your colleagues: death, divorce, retirement, job loss, failure of a project and so on. This tip sheet focuses on grief following the loss of a loved one. The suggestions will help you cope with your own loss or support a bereaved co-worker.

Understanding Grief and its Effects

Many of us experience powerful emotions when we're grieving. The stages of grief are shock, denial, anger, bargaining, depression and, finally, acceptance, which may eventually move an individual into healing or growth. Because grief is a very individual experience, we may not experience all stages or we may go through them in a different order.

We can't attach a timeline to grief—many signs of grief may not appear until weeks or months after the loss. The circumstances of the death and the depth of our connection to the individual can affect our emotional response and the time we need to grieve. For example, a grieving co-worker who seems to be coping well may burst into tears during a meeting many months after a loved one's death.

We may experience one or more of the following symptoms of grief that can affect our on-the-job performance:

- an inability to concentrate
- lack of motivation
- difficulty making decisions
- confusion, memory lapses
- worrying about other family members or finances
- changes in appetite, sleep habits, energy levels
- withdrawal from social situations
- increased risk of illness or injury

To help ourselves or our co-workers face grief, we need to acknowledge and accept the grief and offer compassionate, as well as practical, support.

This and additional materials are available at
<http://www.alis.gov.ab.ca/ep/eps/tips/tips.html?EK=11611>

H1N1 Pandemic 2009

Information on H1N1 can be found on the Alberta Health Services website. Specific information is available for health professionals, businesses, schools and the public.

Visit www.albertahealthservices.ca.

Information can also be found at the Public Health Agency of Canada's website: www.fightflu.ca.

The PHAC issued the following news release on September 10, 2009 regarding the H1N1 flu virus: http://www.phac-aspc.gc.ca/media/nr-rp/2009/2009_0910-eng.php

The release included links to the following documents:

[Public Health Guidance for the Prevention and Management of Influenza-Like-Illness Related to Mass Gatherings](#)

[Individual and Community-Based Measures to Help Prevent Transmission of Influenza-Like-Illness in the Community](#)

Your local health unit is also a good source of information.

There are resources available to assist you in preparation for a health emergency and business continuity planning. Below are some website links that you may find helpful.

Ready for Crisis – Health Emergencies and the Voluntary Sector
<http://www.readyforcrisis.ca/index.php>

Street Works – Planning for Pandemic: Influenza Pandemic Preparedness for Inner City Agencies
<http://www.streetworks.ca/pro/p-pandemic-training.html>

International Centre for Infectious Diseases – Pandemic Influenza Planning Tool Kit for Business and Employers
<http://www.pandemicbusinessstoolkit.ca/home>

Canadian Centre for Occupational Health and Safety – Pandemic Planning Tools
<http://www.ccohs.ca/pandemic/tools.html>